If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a managaria	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
ATTETIOSCICTOSIS .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V.S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

12023

II I EAGE OF BEATTI			1(1-(1)		1	111
County Garrett				Registration	Dist. No.	2
Village or Kiry Acc	ident, Md.	(1)	No. death occurred in a horpital or instit	tution, give its NAM	St, IE instead of street and	Ward
Length of residence in city or t	own where death occurred	yrsmos	ds. How long In U.S. if	of foreign birth?	угзг	nosds.
2. FULL NAME Mad	lga Brobst.					
(a) Residence: No.			St., Ward.			
	(Usual pla	ice of abode)	II .		it give city or town an	d State
PERSONAL AND S	TATISTICAL PAR	TICULARS		CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR WELL	OR-DIVAR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	OV.	30th.,	, 193 2 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREB	YCERTIF	Y. That I ettended	deceased from
6. DATE OF BIRTH (month, day, and	vear) (Ret. 3	- 1932	I last saw h alive on			; death is said
7. AGE Years	Months Days	If LESS than	to heve occurred on the dete ste		Am.	
	1 27	1 dey, hrs. ormin.	The PRINCIPAL CAUSE OF DEA			Date of onset
8. Trade, profession, or particule kind of work done, as SP SAWYER, BOOKKEEPER, e	INNER.		Atelectas	is Pulmo	num.	
kind of work done, as SP SAWYER, BOOKKEEPER, et 19 Industry or business in white work wes done, as SILK M SAW MILL, BANK, etc	h AILL,					
10. Dete deceesed lest worked e this occupation (month anyear)	t 11. Tote	el time (years) spent in this scupetion				
12. BIRTHPLACE (city or town) (Stete or country)	Recident	Ind.	Other Coatribatory Casses of im	portence:		
13. NAME Coarm	namy B.	robst				
14. BIRTHPLACE (city or town) (State or country)	Mary	and	Name of operation		Date of. Was there en	eutopsy?
# 15. MAIDEN NAME	carrie 13	3. West	23. If deeth wes due to external c			
16. BIRTHPLACE (city or town) (State or country)	Virg	inta	Accident, sulcide, or homicide? Where did Injury occur?		Dete of injury	., 19
17. INFORMANT Carm. (Address) accu	dens Br	ofst	Specify whether Injory occurred	(Specify city of In INDUSTRY, In H	or town, county and St IOME, or in PUBLIC P	ato) LACE.
18. BURIAL, CREMATION, OR REMOV	AL ille Med. I	Dec./ 1952	Menner of injury			
19. UNDERTAKER W. M. (Address) Fine	Sarag	ma.	24. Was diseese er injury in any	way related to occu	pation of deceased?	Al-
20. FILED 201.30 , 19.3	2 a.J.	Richter Registrar.	(Signed) AC	Marer cident	Md.	М. D

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Arterioselerosis : E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebrol hemorrhage DEC 1999	July 5,1927	Peritonitis	3 doys ago	
BUREATI TE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12034
1. PLACE OF DEATH	93-0
County & auch	Registration Dist. No. / D
Village or City Man Soul Ce	No. St., Ward
Length of residence in city or town where death occurredyrsmos 2. FULL NAME Owly Manuely Company to the company of the company o	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. 2.2022
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 9 , 193 2 (Month) (Day) (Year)
HUSBAND of Mellie to rowe	22. HEREBY CERTIFY. That I attended deceased from May 1932, to Max 19 1932
6. DATE OF BIRTH (month, day, end year) Got 27 /8 98	I last saw h. Time alive on
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date stated above, at J.C.C.P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as follows: Date of onset 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and 1930 spent in this occupation (cupation 100)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	anna
1 0 - 10/0	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) A santaville	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lev Germany Date Var 22 1932	Manner of injury
19. UNDERTAKER John Of interbug (Address) Quantiville	Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED NOT 21 , 19 32 6 7 H Dill Registrar.	(Signed) A. R. Down M. D. (Address) Santsville

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RTT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
~			7 - I	

PHYSICIANS should state ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY, V. S. No. 1

1. PLACE OF DEATH	TERTIFICATE OF DEATH 12025
County Tarrette	Periatration Diet No. 1/0/
Village or City Selbyskort	Registration Dist. No. / Q /
Vinage of oity	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsd
2. FULL NAME Cligabeth trajec	7
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.,SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (Writeffina word)	21. DATE OF DEATH
Trinale winds widdow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended dacaesed from
(or) WIFE of Jasken fragge	
6. DATE OF BIRTH (month, day, and year) Febry 24- 1850	I last saw h alive on
7. AGE Yaars Months Deys If LESS than	to hava occurred on the date stated above, at
76 8 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
9 Trade profession or particular	Date of onse
kind of work done, as SPINNER, foresew fe	J-trant,
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
Note the profession of particular to the p	\mathbb{Q}
this occupation (month and spent in this occupation occupation	Viiiven
V - 40	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
# 13. NAME tiram Hileman	no br. in ottendance
(State or country)	Name of operation Data of
15. MAIDEN NAME Cynthia ame Huebaugh	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cynthia ame Henebaugh 16. BIRTHPLACE (city ortown)	23. if death was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city of town) (State or country)	Accident, suicida, or homicide?
17 INFORMANT Odin From	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hrundwill mil.	open, manner man, occasion in the control, in nome, of in robell reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Bluoming Kondata /)00. 17, 1932	Natura of injury
19. UNDERTAKER TO THE LOCAL TO	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	If so, spacify
20, FILED MOVI 1922 Vernnette Statte	(Signed) A MALON A M. I
Registrar.	(Address) trendsville het.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Data of onset

BINDI FOR RESERVED MARGIN

S. No.

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3.4				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYL	_AND—	CERTIFICATE OF	DEATH	1 12	037
1. PLACE OF DEATH		184			
County Tarrett		R	egistration Dist.	No. 167	,
Village or City Man Honry M.	la.	ND		St	Ward
Longth of residence in city or town where death courred	yrsmos.	ds. How long in U.S. if of forei	gn birth?	. yrs mo	sds.
2. FULL NAME Sterry (ay)	Valde	man			
(a) Residence: No.		St., Ward.			
(Usual place of all PERSONAL AND STATISTICAL PARTICU			f nonresideot give c		State
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIES		21. DATE OF DEATH	IFICATE OF	DEATH	
Male Thit OR PAYORCED (2)	vrite the word)		w 1	19	193. 2
5a. If married, widowed, or divorced	yello	(Mo	nth)	(Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CE	ERTIFY, T	hat I attended o	deceased from
e DATE OF BIRTH /	1911	Had and had the said 19	, to	-1-Z	, 19 2 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to have occurred on the date stated abov	20		; death is said
17 8 4 1	day,hrs.	The PRINCIPAL CAUSE OF DEATH and			
8 Trade profession or particular	rmin.	were as follows:	the .		Date of onset
kind of work done, as SPINNER, Taranera	Son	Shot in	1 end		
▼ Sundustry or business in which					
work was done, as SILK MILL, SAW MILL, BANK, etc					
Shall till	this				***************************************
year) occupation	JN	Other Contributory Causes of Importance	:		
12. BIRTHPLACE (city or town) Mean Renary (State or country)	11				
	Lu.				
E 21					
14. BIRTHPLACE (city or town)	1. 201	Name of operation		Date of	
	- ma	What test confirmed diagnosis?		. Was there an au	stopsy?
± 10 0	P		IOLENCE) fill in al	30	
State or country)	Olem	Accident, suicide, or homicide?	G Viale of	f injury / (av	9,19.32
11111	00.	Where did Injury occur? (Sp	pecify city or town,	county and State) De
17. INFORMANT		Specify whether injury occurred in INDU	STRY, In HOME, o	r In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Va.	Manner of injury Degradent	ally &	wh	
Place Home Cemely Date 4 - 2.	3 ,19.32	Nature of Injury head			
19. UNDERTAKER (Address)	1.1	24. Was disease or injury in any way rela	ted to occupation o	of deceased?	
m n of m	J. PRCI	If so, specify	1		
20. FILED 1100 20 19 Direginia III	Registrar.	(Signed) (Address)	njal	el IN	7/D
If more blanks are needed, addres	s State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting	8 V. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEC 15 1984 II			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 161
Village or City No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Paul John He	Stall stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1933 to 1933 that I lest saw fraggalive on 1933
yrs. 3 mos. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Harly war stong winted
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de. Contributory Secondary
10 NAME OF FATHER CILLUST STATEMENTS	(Signed) (Address) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Trenslents or Recent Residents) At place of death yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mars & Halle (Address)	Former or usual residence
Filed 11/17 1932 Mus C. a. Ushbarar	29 UNDERTAKER Bolden. Capland Ma
If more hanks are needed, addre a State Registra	r. 16 W. Savatoga St., Belto., Requesting V. S. No. 1.

12028

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthtircd 6 business, that fact may be indicated thus; Farmas (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Luborer--Cool minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a e-pecially in industrial employments, it is necesyrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The muterial single word or term on Locomotive engineer, 6 The ques-Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); Tever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Streement of Cause of Death-Name, first, the DIS-Typhoid fever EA. 2 CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia 'never report "Typhoid Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train-(secondary or intercurrent) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature Measles;

permanently filed. inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al qu stions

•	PLAINLY
V. S. No. 1	N. B. WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 169
Village or City Per Vale	NoTCR - No ZJ St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charlotty Hunz 1	inu
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2nd 193 ZJ (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) May 5 1932	I last saw h alive on 1932; death is said
AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 5 22 (m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	D+ 20.2
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. Date deceased last worked at D. Date deceased last worked at 11. Total time (years)	gastro-enteritis: one week, custo?
D. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Blanch Park, (State or country)	Dther Contributory Causes of importance:
13. NAME Wellaw Hoolson XIIII	
14. BIRTHPLACE (city or town) Des L UM tund (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rena Lelady & Dugler	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME ALMA YELAGY DUSCH 16. BIRTHPLACE (city or town) ANS L Number (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT WW Harris James James (Address) Desp lank - Ind	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner ol Injury
Place Daniel Date / Dat	Nature of Injury
9. UNDERTAKER A A A A A A A A A A A A A A A A A A A	24. Was disease or injury in any way related to occupation of deceased?
O. FILED DEC. 74, 1932 Fellie Marbely Registrar.	(Signed) (Address) Salland mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	1	CORNED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		
	1		

1	20	Cyrith.	Certile	cati	for	additional	enformation.
					0		0 10.

13 BIRTHPLACE

OF MOTHER (State or Country)

PLACE OF DEATH County Gurett Village or City avilton (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 70 St.: Ward) Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suigh WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOVIMBER 20, 1932
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 2 1932. to Nov. 20 1932, that I last saw humalive on Nov. 3 1932,
7 AGE / 2 yrs. // mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in School which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Bushles pulling de. (Duration) yrs. mos. Z ds. (Duration) yrs. mos. Z ds.
10 NAME OF FATHER Subastias Neckengis 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) M. An corruct M. D. W. 2011922 (Address) Wishland - Yud *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 4thel Garlls	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

OF MY KNOWLEDGE

In the At place of death

Where was disease contracted, if not at place of death?..... Former or

Registrar

usual residence

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, whatever, write Nonc. Housemuid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasums,
"Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be ess important. Example: Measles (disease cough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. PERMANEN AGE should be CAUSE OF DEATH in plain terms, so that it may ITH UNFADING mation should be carefully supplied. ż

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	031
1. PLACE OF DEATH	11	-(8)	V O .x.
County of and	<u>C,</u>	Registration Dist. No. / 62	<u>,</u>
Village or City Lenn	ings	No	Ward
Length of residence in city or town where da		f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME / Victa	r lo larlo h	Miller	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Male White	or Divorced (write the word)	21. DATE OF DEATH 25 (Month) (Day)	193 2 (Year)
5a. If marriad, widowed, or divorced HUSBAND of			
(or) W1FE of		1 HEREBY CERTIFY, That I attended do	ecaasad from
5. DATE OF BIRTH (month, day, and year)	u16 1915	last saw h alive on	, 19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 2,60 G.m.	-death 12 291
17 8	/2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trada, profession, or particular	ormin.		Date of enset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	rbarer		nous 2
2. Industry or business in which			
work was dona, as SILK MILL, SAW MILL, BANK, atc	1		
This occupation (months and	11. Total time (years) spant in this		
	occupation Care	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	11		
1	211:11		
2 (-2000) 8	mann		
(State or country)	mol.	Name of operation Date of	7,
,	10/1/	Whet tast confirmed diagnosis? Was there an aut	lopsy?
70 20 3	- HINC	23. If death was due to external causes (VIOLENCE) fill in also the following:	
(State or country)	11 01.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mas Finan (Address) Olympia	No Willer	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL	ngs mon.	Manage of injury.	
Place Maple Grave	Date / av 29, 19 52	Manner of injury	~
19. UNDERTAKER (Address)	interberg	24. Was disaase or Injury in any way ralated to occupation of daceased?	no
20. FILED Nov 29, 1932	B A Rich Registrar.	(Signed) A A A A A A A A A A A A A A A A A A A	М. Г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
400			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12032
1. PLACE OF DEATH County Harrel Village or City Dear Park Md (If Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Harriet Ellen Park	No. Registration Dist. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyste the word) Married	21. DATE OF DEATHOY. 15 , 193 2 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of Perry Paugh	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) april 17, 1862	Mast saw h W alive on Oct 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Chronic Nephritis Date of onset 1930 Hyker tension 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hemorrhage Complexy (1932)
10. Data deceased last worked at this occupation (month and spant in this	

occupation _____ year) _____ 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation__ (State or country) What test confirmed diagnosis? Was thera an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of Injury Natura of injury 24. Was diseasa or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	1.875	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. PERM X WITH UNFADING INK-THIS B.-ż

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
	Registration Dist. No. 18
Village or City Moscow (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Rena Rita Su	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Suigle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 23 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH Ougust 18 , 1932	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS that I day hrs	
yrs. 3 mos. 3 ds. or min.	
(a) Trade, profession or particular kind of work	acute Binichelis
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Duretion) mosde.
9 BIRTHPLACE (State or country) manyland	Contributory Secondary (Durstion) yrs. mos. ds.
10 NAME OF Julian Ausada	(Signed) M. Harman M. D. nr. 23 1922 (Address) williams. md
OF FATHER (State or country)	*State the Disease Csusing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Grma Culk	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	ients or Recent Residents) At place of deathyrsds. In the Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) mo. Ira Culp	Former or usual residence
(Address) Barton - maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PM. 25, 1932
Filed Dec 24 192 Het B Brown Registrar	In Culp Buton Ing
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"('Inanition,') "('Heart Janus,') "Old Age, ') "Shock,"
"('Inanition,') "('Marasmus,') "Cold Age, ') "Shock,"
"('Uraemia,') "(Weakness,') etc., when a definite disease carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o American Medical Association.) approved by Committee on (Recommendations on statement of cause of helanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease 'Congenital,' "Senile,' etc.), "Dropsy, Chronic valvular heart disease, etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

BINDIA

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		NG ZAIB	
Other contributory causes of importance:		Other contributory causes of importance:	
llstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12035
	1. PLACE OF DEATH	107-2/
tem of should of OCC	County I write Cobruity	Registration Dist. No.
item sho	Village or City 4-assur	No. St., Ward
	Length of residence in city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
Every CIANS ement	2. FULL NAME Physilin Summe	9/ .
RD. Every YSICIANS statement		Shower.
	(a) Residence: No. + any - (hester blanton)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. (Month) (Dey) (Year)
NEN CTI	5e. If merried, widowed, or divorced HUSBAND of	(100)
	(or) WIFE OT Child	22. I HEREBY CERTIFY, That I attended deceased from
H MM .	6. DATE OF BIRTH (month, day, and year) Almoh 30. 1932	Hast saw halive on 1107. 2/ 11.
H - 6	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 10 P m,
FOR IS A stated proper ertific	7 2/ Idey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
- 70	8 Trade profession or particular	acute Brouchitis Date of onset
RV]	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINUSTRY OF BUSINESS IN WHICH Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
RESE VG INK AGE she that it	11. Total time (years) spent in this year) 12. Total time (years) spent in this occupation	
Z 4 - 9	12. BIRTHPLACE (city or town) - Agamacmina	Other Contributory Causes of importance:
ADIA d so ructi	(State or country) many ash of	Oronello puumonia (a. 2/-3
ARGI INFA pplied erms, instru	# 13. NAME Clarence Shringer	VV
MA H U sul in to	14. BIRTHPLACE (city or town) Anaryland (Stete or country)	Name of operation Date of
WITTI refully in pla	15. MAIDEN NAME Thany Beaman,	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
	16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
INLY, be ca EATH import	16. BIRTHPLACE (city or town) Manyland (Stete or country)	Where did Injury occur?, 19
	17. INFORMANT Ale Clarence Surjiver	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OB, REMOVAL	Manner of Injury
	Place and All andry Date AUC, 23, 1932	Nature of injury
mation CAUSE TION i	19. UNDERTAKER ALI Gighliam (Address)	24. Was disease or injury In any way related to occupation of deceased?
N. S. N.	20. FILED MOV 23, 1932 Leo B /3 rozon	If so, specify (Signed) M. D. M. D.
P 14	Registrat.	(Address) midland: Ind
	1f more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)

MEDICAL CERTIFICATE OF DEATH

	11-16	1928 1
	(Month)(Day)	(Year)_
17 I HEREBY CER	71FY, That I attended the d	eceased from
	e on	-
and that death occured on	the date stated above, at	
The CAUSE OF DEATH * ,	was as follows:	

Α
. (Duration)yrs mos
Contributory

Signed (Address) (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

		RESIDENCE		
ients or R	ecent	Residents)		

At place		In the		
of death	yısds.	State	yrs mos	da.
	disease contracted,			

if not at place of death?

9 PLACE OF BURIAL OR REMOVAL

Thomas. W.Va -

M IT

ADDRESS 190

If more blanks are needed, addrosa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

labarer Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," ete., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmar fre-Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Physician, Compositor, Architect, report specifically the occupations of persons en-6 yrs). or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Locomolive engineer, As examples : (a) 6) material Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerchraspinal fewer** the only definite synonym is "Epidemic cerebros in Ineningitie"; *Diphtheria** (avoid use of "Croup"); *Typhoid fewer** (never report "Typhoid Pneumonia"); *Lohar puessnoonia**, *Bronchopneumonia** ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of "(Exhaustion," "Heart range," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephrilis, etc. cough; or intercurrent) affection need not be Chronic valvular heart Nomenclature The contributory discuse; Meusles

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should state MATH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Sanett	Registration Dist. No.
Village or City Vinded Md	ND. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
	deal occurred in a suspicion in institution, give his valvial instead of steet and number/
2. FULL NAME Osaforne Tasker	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda Swichter	22. Oct. 2 4 132 to Nov. 5 1932
DATE OF BIRTH (month, day, and year) May 2 4 ! 8 75	Hast saw h au alive on Nov . 5 193 2; death is sa
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.0.412.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	myocarditis 11/4/3
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	jyphoid Fever [Vara-a.] Oct. 3
your your and a second	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	Chronic Nephritis Man.
13. NAME Salmon Jasher 14. BIRTHPLACE (city or town)	V
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellman Bray 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Effet Comp (Address) Vindex md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Anort Date 7 , 1905	Nature of injury.
19. UNDERTAKER Of the Tophanies (Address) Blame HVA	24. Was disease or injury in any way related to occupation of deceased? 400 at use If so, specify Para Typhoid Contracted while at work on fri
20. FILED 1/19 1032 Cl & Barriel	(Signed) andrew K. Fidle M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example 1	Ī	404	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal car of importance we	use of death and related causes ere as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	POPERO A.B.	1 week ago
Chronic interstitial nephritis	1921	Run over by street of		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
		1	COMPOSITE IN	
Other contributory causes of importance:		Other contributor	cy causes of importance;	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL S	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	----------	---------	------------	----	-----------

MARGIN RESERVED FOR BINDIN

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1940
County planyme	Registration Dist. No. 162
Village or City Tomostowell	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ads. How long in U.S. if of foreign birth?mosds. 2nol- name &
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PLACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male while OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Oct - 30 -1932	I last saw h alive on; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Versiting spill
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the control of the control	\
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME / 2 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
IS MAIDEN NAME TOURS IN MINE	What test confirmed diagnosis?
15. MAIDEN NAME TOulake Monty 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Haying Gart flataud (Address) Tours will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place framary Date far 12, 1932	Nature of injury
19. UNDERTAKER 19/1/2 / Walaud 2001	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED Nor 11, 1932 67 Pail Registrar.	(Signed) James onle Rig
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	d down any	Example II		
The principal cause of of importance were as fo	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Chronie interstitial nephrits	3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU T S	July 5,1927	Peritonitis	3 days ago	
		r ·			
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. N. B.-WRITE PLANLY,

STATE	OF	MARYI	AND-	-CFRTII	FICAT	TF C)FI	DFA	HTA
SIAIL	VI	IAI VAIVIE	AIND	CLIVIII			/ L		1 1 1

1. PLACE OF DEATH				12/13/9			
County_Garr€	t			Registration Dist. No.	7		
Village or CityS			(lf	No. St., death occurred in a horpital or institution, give its NAME instead of street and numl ds. How long in U.S. if of foreign birth?			
2. FULL NAME	lara H.	Wolfe.					
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	le.		
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day))3 (Yeer)		
5a. If married, widowed, or div HUSBAND of Lat (or) WIFE of	orced ira Wolf	e.		1 HEREBY CERTIFY, That I attended dece			
6. DATE OF BIRTH (month, da	y and wass) I	Dec. 17,	1858	1 last saw have alive on 200/14 19,32 de			
7. AGE Years 73	Months 1 O	Days 27	If LESS than 1 day,hrs,	to have occurred on the date stated above, at	ate of onset		
kind of work done SAWYER, BOOKKE SAWYER, BOOKKE Work was done, as SAW MILL, BANK, 1D. Date deceased lest wo this occupation (my year)	SILK MILL, etc	Spa	time (years) nt in this upation	Dther Contributory Causes of importance:			
12. BIRTHPLACE (city or town (State or country)	west	eston Co) -•	Differ Contributory Causes of Importance.			
13. NAME ET	igene Wo	olfe.					
13. NAME Eugene Wolfe. 14. BIRTHPLACE (city or town) Preston Co. (State or country)				Name of operation Date of Was there an auto			
15. MAIDEN NAME	Rachae!	l Bishor)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	•		
15. MAIDEN NAME Rachael Bishop 16. BIRTHPLACE (city or town) Preston Co.				Accident, suicide, or homicide?			
17. INFORMANT (Address)	Leura Wo			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Plece Cranesville, Wowla. Nov. 17 3				Manner of injury Neture of injury 24. Wes disease or Injury In any way related to occupetion of deceased? If so, specify (Signed) (Address) (Address)			
19. UNDERTAKER A.F. Collins (Address) Terra Ota, W.Va. 20. FILE V. 15, 1932 Was Registrar.							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 9 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.	3 July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	